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INTEGRATIVE REVIEW OF THE LITERATURE

Humanização do cuidado nas unidades de terapia intensiva: revisão integrativa

Humanization care in intensive care units: integrative review

Humanización de la atención en cuidados intensivos: revisión integradora

Camila Calhau Andrade Reis ¹, Edite Lago da Silva Sena ², Marcos Henrique Fernandes ³

ABSTRACT

Objective: to identify what the national literature has addressed about humanization of care in Intensive Care Units in online databases from 2009 to 2013. **Method:** this is an integrative review conducted through access to databases: LILACS and BDENF, using the keywords "humanization of care" and "Intensive Care Units". **Results:** six studies were selected. The results showed that the humanization of care contributes significantly in the recovery of the patient in the Intensive Care Unit. However, there are difficulties to be overcome, especially related to the patient and their families, the nursing staff and health care institutions. **Conclusion:** there is need for training and sensitization of professionals, increasing investments in training, institutional management and care to improve care for critical patients. **Descriptors:** Humanization of care, Intensive care units, Health care.

RESUMO

Objetivo: identificar o que a literatura científica nacional tem abordado acerca da humanização do cuidado nas Unidades de Terapia Intensiva em bases de dados online, no período de 2009 a 2013. **Método:** trata-se de uma revisão integrativa realizada através do acesso às bases LILACS e BDENF, utilizando os descritores "humanização da assistência" e "Unidades de Terapia Intensiva". **Resultados:** seis estudos foram selecionados. Os resultados evidenciaram que a humanização no cuidado contribui de maneira significativa na recuperação do paciente em Unidade de Terapia Intensiva. Entretanto, há dificuldades de efetivação a serem superadas, sobretudo, relacionadas a questões do paciente e seus familiares, da equipe de enfermagem e das instituições de saúde. **Conclusão:** há necessidade de capacitação e sensibilização dos profissionais, incremento de investimentos na formação, gestão institucional e do cuidado para melhorias na assistência ao paciente crítico. **Descritores:** Humanização da assistência, Unidades de terapia intensiva, Assistência à saúde.

RESUMEN

Objetivo: identificar lo que la literatura nacional ha abordado sobre la humanización de la atención en las unidades de cuidados intensivos en las bases de datos en línea 2009-2013. **Método:** se trata de una revisión integradora realizada a través del acceso a bases de datos: LILACS y BDENF utilizando las palabras clave "humanización de la atención" y "Unidades de Cuidados Intensivos". **Resultados:** se seleccionaron seis estudios. Los resultados mostraron que la humanización del cuidado contribuye significativamente en la recuperación del paciente en la Unidad de Cuidados Intensivos. Sin embargo, existen dificultades de realización de superar, especialmente los temas relacionados con el paciente y sus familias, las instituciones del personal de enfermería y de atención médica. **Conclusión:** es necesario para la formación y sensibilización de los profesionales, el aumento de las inversiones en la formación, la gestión y la atención institucional a las mejoras en la atención a pacientes críticos. **Descriptores:** Humanización de la atención, Unidades de cuidados intensivos, Cuidado de la salud.

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INTRODUCTION

In Brazil, many problems in the daily life of health institutions remain rooted to the system and hinder the achievement of universality, comprehensiveness and equity, which are guidelines of the Unified Health System (SUS). This situation imposes the need for emergency solution in reorganizing services and improving of the system, prioritizing the binomial resolution and quality of care.¹

In the current situation, initiatives for humanizing health services in Brazil emerge as a possibility of transformation, while stimulating the debate on the coordination of technical quality of care with host technologies and support to patients.²

In order to combine the process of humanization of health with the challenges of operating the principles and guidelines of SUS in practice, the Ministry of Health (MOH) drafted, in 2004, the National Policy of Humanization (PNH, in Portuguese) in order to qualify management and health care practices.³ The proposal to humanize the health work appears in the scenario of public policies as an opportunity to propose, discuss and undertake a process of change in the current service culture in force in the SUS network.⁴

Since its introduction, the PNH has taken increasingly larger dimensions in health care models, since it advocates strategies for enhancement and professional growth and calls for participatory management and continuing education of health workers. However, the reality contrasts with its strategies, as it reveals little professional participation in decisions, shortage of skilled labor and low investment in continuing and institutional education.⁵

In discussing the humanization of hospital care, specifically in Intensive Care Units (ICU), weaknesses, challenges, strengths and priorities emerge. As the ICU is a unit prepared for the care of critical or potentially critical patients, the quality and humanized care should be prioritized in order to maximize the chances of survival of each patient.⁶

There are no magic solutions or easy routes for these transformations, for the construction of humanized hospital care is a complex, slow and gradual process. For this practice occurs, it is necessary to involve a number of instances, changing old paradigms for new habits, and pursuit of democratic participation, with useful and appropriate solutions to each situation.⁷

From this perspective, this study is justified by the need for knowledge and reflection on the humanization that is currently being practiced in ICUs, with a view to identifying benefits and difficulties experienced. Thus, it will be possible to outline possible strategies for the resolute and specific meeting of the needs of the critically ill

patient and his family. This study aimed to identify what the national scientific literature has addressed on humanized care in Intensive Care Units in Brazil.

METHOD

It is an integrative literature review that aims to gather and synthesize results of research on a topic, in a systematic and orderly manner, contributing to the in-depth understanding of it.⁸

Six steps to build an integrative review were followed: 1) identification of the theme or research question; 2) establishment of criteria for inclusion and exclusion of studies; 3) definition of the information to be extracted from the selected studies; 4) evaluation of the included studies; 5) interpretation of results; and 6) presentation of the review.⁸

Thus, the guiding question of the study was firstly defined as: what has the national scientific literature addressed about humanized care in Intensive Care Units in Brazil? To search articles, we used terms selected from Descriptors in Health Sciences (DeCS). We selected the descriptors in Portuguese "Humanization of care" and "Intensive Care Unit". For the tracking of articles, the Boolean operator "AND" was used between these.

The inclusion criteria were: scientific paper with full-text available; having been published in the last five years (2009-2013); and addressing, centrally, the theme of humanization of care, specifically, in Intensive Care Units. The exploratory research was conducted in January 2014 through consultation in the Nursing Database (BDENF) and in the Latin American and Caribbean Literature (LILACS).

Initially, 61 articles were identified, and after careful reading of the titles, six were selected. Their summaries were read in their entirety and passed through a scanning reading of the entire body of the study in order to identify which of them addressed the issue researched and thus met the inclusion criteria established. At the end of this stage, the six articles previously selected remained in the study because they were judged consistent with the review proposal.

Then, the authors proceeded to the characterization and recording thereof, in order to compile, among other variables: article title, identification of authors and the journal, year of publication, objective, research subjects, main results and conclusions. Then, we proceeded to the evaluation and interpretation of results, which were summarized and organized in order to guide the discussion and prepare the final document.

RESULTS AND DISCUSSION

Despite the theme of humanization in ICU is current and relevant to the national health context, the scientific literature on the subject is still scarce. Of the six selected articles, four are characterized as field research, with qualitative approach, and two as review studies. In addition, four are present in BDENF and two in LILACS.

Observing the year of publication, one article was published in 2009, one in 2011, three in 2012 and one in 2013. None of the 22 authors were present in more than one article and only the journal *"Revista de Pesquisa Cuidado é Fundamental"* had two selected items from their collections. Regarding the training of authors, 17 (77.3%) are registered nurses, two (13.6%) are nursing students and two (9.1%) are doctors. Other information and summaries of the results and conclusions of the articles are present in Table 1.

Table 1. Characterization of the articles selected for data analysis.

No .	Reference	Objective	Main results and conclusions
1	SILVA, Fernanda Duarte da et al. Discursos de enfermeiros sobre humanização na Unidade de Terapia Intensiva. Esc. Anna Nery , Rio de Janeiro, v. 16,n. 4, Dec. 2012.	Identifying practical elements of intensive care nurses that hinder the implementation of healthcare humanization, analyzing them in the light of the National Humanization Policy.	The user, the family and the team integrate the practice of care, but the humanization devices contained in the policy are not effectively implemented. There is need for investment in training and institutional and care management.

2	<p>COSTA, Silvio Cruz; FIGUEIREDO, Maria Renita Burg; SCHAURICH, Diego. Humanização em Unidade de Terapia Intensiva Adulto (UTI): compreensões da equipe de enfermagem. Interface(Botucatu), Botucatu, v. 13, supl. 1, 2009 .</p>	<p>Understanding how nursing professionals (nurses and technicians) perceive the humanization policy within the scenario of a ICU and its importance in this process.</p>	<p>Empathy, respect and appreciation are key elements for improving care practices based on ethics, dialogue and on the autonomy of the patient, his family and the staff itself.</p>
3	<p>FARIAS, Flávia Baluz Bezerra de; FARIAS, Rosângela Almeida Rodrigues, JESUS, Ana Cristina de. Cuidado humanizado em UTI: desafios na visão dos profissionais de saúde. Rev. Pesqui. Cuid. Fudam. 5(4):635-642, out-dez.2013.</p>	<p>Investigating the difficulties faced for the humanization of care in the view of ICU health professionals.</p>	<p>Difficulties pointed out were: heavy workload, low pay, lack of resources, lack of continuing education and the relationship with family members. There is need for greater commitment from managers and all those involved to meet the challenges.</p>
4	<p>PEREIRA, Marta Martins da Silva. Fatores que interferem na humanização da assistência de enfermagem em unidades de terapia intensiva. CuidArte, Enferm; 6(2): 101-108, jul-dez.2012.</p>	<p>Describing the factors that interfere in an effective humanization of assistance. Providing, in a humanized way, welcome to the patient and also to his family in these environments.</p>	<p>The factors found are related to the patient and their relatives, the nursing staff issues and structural issues of health institutions. Humanization should not only be on the agenda of the talks, but it should be effectively applied in the work context of the actions / nursing interventions.</p>

5	TAETS, Gunnar Glauco de Cunto; FREIRE, Mônica Maria Lopes; MARQUES, André Casarsa; PETRIZ, João Luiz Fernandes; FIGUEIREDO, Nêbia Maria Almeida de; SANTOS, Claudemir dos. Humanização na unidade cardio-intensiva: o cuidado sob a ótica do paciente. Rev.pesqui. cuid. fundam. ; 4(3): 2458-2464, jul.-set. 2012.	To analyze the perceptions of patients about the humanization of hospital care in a Cardiological Intensive Care Unit.	Favorable characteristics: hearing, touching and identifying the patient by name. Unfavorable characteristics: environment temperature, noise in the sector and the lack of information of their state of health / disease. Factors for humanization: affectivity and individualization of treatment.
6	CAMPONOGARA, Silviamar; SANTOS, Tanise Martins; SEIFFERT, Margot Agate; ALVES, Camila Neumaier. O cuidado humanizado em unidade de terapia intensiva: uma revisão bibliográfica. Rev. Enferm. UFSM ; 1(1): 124-132, Jan.-abr. 2011	Knowing that publications that have been published in the field of nursing about the humanization in Intensive Care Unit (ICU).	Most relevant topics in the scientific literature: the ICU environment; use of technology at the expense of care; the worker as the protagonist of humanization in ICU; difficulties experienced by the nursing team to implement humanization in the ICU.

Discursive results were organized and presented in two thematic categories: Concepts and importance of humanized care in ICUs; Difficulties for humanized care in ICUs.

Concepts and importance of humanized care in ICUs

The articles showed that the humanized care is often understood as a possibility of rescuing human characteristics such as the empathy, which means having a world view of the other, of their feelings and opinions, as using their point view.⁹⁻¹¹ So, humanizing is a way to put oneself in the other's place, rescuing and revealing human characteristics as a constitutive part of hospital care.

Conceptually speaking, the humanized care was presented in some articles as attention to the patient, considering them in their entirety and seeking to fulfill all their human needs, which favors the holistic care.^{9,12} In other words, care actions, when humanized, are centered not only in the recovery and healing of critically ill patients but also in their complete wellness, paying attention to hear them and consider their emotional, psychological and affective aspects.¹¹⁻¹³

Moreover, humanized care should involve not only the patient, but their family and social context, as well as the ICU itself and the health team. Thus, humanization is associated with appreciation and respect for the critical patient, who should be cared and treated in a special way, and is also associated with health professionals, the sector's physical structure and the organization and management of hospitals.^{9,12-14} So, humanizing also means implementing improvements for services offered, such as the improvement of spaces for staff, patients and family, the review of standards and industry routines, the provision of understandable and appropriate information to the family, among other actions.^{9, 12-13}

Regarding the family, their insertion is often mentioned in studies as part of the process of humanization.¹¹ Articles bring that involvement of the health team with the patients' families is an important prerequisite for the humanization, since when a good balance between professionals and family members facilitates the process of family participation in the treatment and subsequent recovery patient.^{12, 14}

As benefits of the implementation of the PNH in ICUs, studies have brought: the reduction of hospital stay, as the patient, better assisted, feels encouraged to strive for improvements in their health status, which accelerates the recovery process¹²; the reduction of absenteeism; increased sense of well-being among patients, family and staff; and consequently the reduction of health costs.¹⁵⁻¹⁶

When the patient is not satisfied with the care received in an ICU, this is often because they have doubts and fears about the prognosis. When the health team shows affection and emotional support through attention and dedication, the experience of critical situations in this sector is softened and patients feel satisfied, especially with regard to humanization.¹⁷

Difficulties for Humanized Care in the ICU

All articles presented in their discussions difficulties in implementation of humanized care. In the face of increasingly sophisticated and modern ICUs, the depersonalization of care relationships is an impediment to humanization with enhancement of high complexity technical procedures. Thus, as the ICU has a profile of care for critically ill or potentially serious patients, the prioritization of procedures that are important to support and maintain life has the potential to threaten or deny the coexistence of a mechanized labor and a humanized care, faced to the multidimensionality of the human being.^{11-12, 14, 17-18}

Thus, due to failures in the interaction with patients, information that could be captured to support a more individual care is lost and other important health needs may not be identified. With an impersonal, imposing and fragmented care, holistic care is impaired.¹⁷

Another complicating factor for the implementation of the PNH in ICUs is related to the disrespect to the individuality of patients and problems in the ambience. In this sphere, it is included the patient's body exposure, taking care without calling by name, excessive noise and low temperatures in the sector, and the lack of consideration to the desires presented by the patients, among others.^{13,17}

Regarding the ambience, according to the logic of the PNH, a warm, resolute and human environment in Intensive Care is of utmost importance for the guarantee of privacy and comfort of both users and professionals, which affects the care provided.¹⁷

Training of health professionals is also identified as a problem to achieve humanized care. Currently, many educational institutions are still centered in the pathophysiological and technical content of the health-disease process.¹⁴ Professionals are trained with fragmented and limited views, which reflects directly on the assistance provided. So, it is necessary to reorient and review the curricula of training courses, as well as to implement continuing education in services for training and updating of professionals.^{9, 12}

For deployment and implementation of humanization in the hospital service, especially in ICUs, professionals need to be aware of the need to improve by combining technological developments to listening, dialogue and solidarity at all times. It is necessary that humanization is felt by everyone: patients, families and health professionals. Also, each process of humanization is unique and singular and depends on each professional, each team and each institution.¹⁹ So, if health professionals themselves do not realize their importance within this process, the transformation and humanization of relations will not be possible.¹³

Other difficulties perceived in studies refer to working conditions, low pay, difficulties in matching family and professional life, double or triple journey, with

consequent overload of services and fatigue and constant contact with people in a state of tension. These situations contribute to an unfavorable working environment.

In fact, when institutions do not provide a suitable environment, with enough human resources and quantitative and qualitative material, good salary and motivation to work, besides opportunities for professionals to further improve in their operating area, their work in humanized way is impaired.¹⁴ It is therefore necessary that health professionals have their dignity and human conditions respected with recognition and appreciation of their work. With these guarantees, quality and humanized care becomes undoubtedly possible.¹²

CONCLUSION

Results pointed out that, for the humanization of care in ICUs, it is imperative that all health professionals of this sector use the available technology, combining it with empathy and understanding care as based in therapeutic interpersonal relationships, aimed at promoting safe, responsible and ethical care to critical patients.

To implement the PNH as a strategy for resolute and welcoming care, there must be improvements in physical, technological, human and administrative structure of Intensive Care Units, focusing on appreciation and respect for patients, families and health workers.

The guarantee of continuing education to professionals and the appreciation of their participation in management models are also reaching strategies for improvements in health care. In addition, among the diverse needs and present priorities in each ICU, the development of more scientific studies and research related to this theme is of great relevance, as these can reveal how professionals perceive themselves amid political and health practice, and clarify the principles, methods and guidelines that support the PNH.

In health education process, it is important to invest in the humanization practices with inclusion of theme-related content in the curricula of the courses. Thus, it becomes possible to train professionals not only from a technical point of view, but with different behaviors and postures, guided by ethics and humanization, regardless of where the professional works.

The study also showed that one of the main objectives of humanized care in ICUs is related to the need to maintain human dignity and respect for their rights at every stage of life. But beyond that, it also involves how to manage the health work processes

to achieve not only individual but also collective, personal and structural improvements in health institutions.

REFERENCES

1. Brasil. Ministério da Saúde. Política Nacional de Humanização: HumanizaSUS - Documento-base. 3ª ed. In: Passos E, Benevides R, organizadores. Formação de apoiadores para a política nacional de humanização da gestão e da atenção à saúde. Leituras complementares. Rio de Janeiro: Fiocruz; 2006: 13-32.
2. Deslandes SF. Análise do discurso oficial sobre a humanização da assistência hospitalar. Cien Saude Colet 2004; 9(1): 7-14.
3. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Humanização. Formação e intervenção - Brasília (DF): Ministério da Saúde, 2010.
4. _____. Ministério da Saúde. Secretaria Executiva. Núcleo Técnico da Política Nacional de Humanização. HumanizaSUS: política nacional de humanização. Brasília (DF): Ministério da Saúde; 2004.
5. Souza KMO, Ferreira SD. Assistência humanizada em UTI neonatal: os sentidos e as limitações identificadas pelos profissionais de saúde. Ciênc. saúde coletiva. 2010; 15(2): 471-80.
6. Salicio DMBS, Gaiva MAM. O significado de humanização da assistência para enfermeiros que atuam em UTI. Rev. Eletr. Enf. [Internet]. 2006;8(3):370-6
7. Maciak I, Sandri JVA, Spier FD. Humanização da assistência de enfermagem em uma unidade de emergência: percepção do usuário. Cogitare Enferm 2009 Jan/Mar; 14(1):127-35.
8. Mendes KDS, Silveira RCCP, Galvão CM. Revisão Integrativa: Método de pesquisa para incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm. 2008;17(4):758-64
9. Costa SC, Figueiredo MRB, Schaurich D. Humanização em Unidade de Terapia Intensiva Adulto (UTI): compreensões da equipe de enfermagem. Interface (Botucatu), Botucatu. 2009; 13(1).
10. Veiga F, Santos E. Uma escala de avaliação da empatia: adaptação portuguesa do Questionnaire to Assess Affective and Cognitive Empathy. Actas do VIII Congresso Iberoamericano de Avaliação/Evaluación Psicológica, XV Conferencia Internacional Avaliação Psicológica: Formas e Contextos, Universidade Lisboa, Portugal: 2011.
11. Camponogara S, Santos TM, Seiffert MA, Alves CN. O cuidado humanizado em unidade de terapia intensiva: uma revisão bibliográfica. Rev. Enferm. UFSM. 2011; 1(1): 124-32.
12. Farias FBB, Farias RAR, Jesus AC. Cuidado humanizado em UTI: desafios na visão dos profissionais de saúde. Rev. Pesqui. Cuid. Fudam. 2013; 5(4): 635-42.
13. Tats GGC, Freire MML; Marques AC; Petriz JLF, Figueiredo NMA, Santos C. Humanização na unidade cardio-intensiva: o cuidado sob a ótica do paciente. Rev.pesqui. cuid. fundam. 2012; 4(3): 2458-64.

14. Pereira MMS. Fatores que interferem na humanização da assistência de enfermagem em unidades de terapia intensiva. *CuidArte, Enferm.* 2012; 6(2): 101-8.
15. Mota RA, Martins CGM, Vêras RM. Papel dos profissionais de saúde na Política de Humanização Hospitalar. *Psicol. Estud.* 2006; 11(2): 323-30.
16. Martins MCF. Humanização das relações assistenciais em saúde: a formação do profissional de saúde. São Paulo: Casa do Psicólogo, 2001.
17. Silva FD, Chernicharo IM, Silva RC, Ferreira MA. Discursos de enfermeiros sobre humanização na Unidade de Terapia Intensiva. *Esc. Anna Nery.* 2012; 16(4): 719-27.
18. Pinho LB, Santos SMA. Dialética do cuidado humanizado na UTI: contradições entre o discurso e a prática profissional do enfermeiro. *Rev Esc Enferm USP.* 2008; 42(1): 66-72.
19. Casate JC, Corrêa AK. Humanização do atendimento em saúde: conhecimento veiculado na literatura brasileira de enfermagem. *Rev. Latino-am. Enferm.* 2005; 13(1): 105-11.



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